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FAX COVER SHEET

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**PLEASE DELIVER THIS FACSIMILE
TO EXAMINER BENJAMIN E. LANIER**

TO: Commissioner for Patents
Attn: Examiner Benjamin E. Lanier
Group Art Unit 2132
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313

FROM: David W. Victor

OUR REF: 0018.0056
TELEPHONE: 310-556-7983

Total pages, including cover letter: 26

PTO FAX NUMBER 1-571-273-8300

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Description of Documents Transmitted: TRANSMITTAL OF AMENDMENT (+COPY);
AMENDMENT; PETITION FOR EXTENSION OF TIME

Applicant: D.M. Shackelford
Serial No.: 09/409,617
Filed: October 1, 1999
Group Art Unit: 2132
Docket No.: TU999029

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on November 7, 2005

By _____
Name: David W. Victor

FORM PTO-1083

NOV 07 2005

PATENT
TU9999029
0018.0056IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
D.M. Shackelford
 Serial No.: 09/409,617
 Filed: October 1, 1999
 For: METHOD, SYSTEM, AND PROGRAM
 FOR DISTRIBUTING SOFTWARE
 BETWEEN COMPUTER SYSTEMS

Examiner: Benjamin E. Lanier

Art Unit: 2132

46917
Customer Number

Sir:

Transmitted herewith in the above-identified application is an:

Amendment 21 pages.
 Petition for Extension of Time.
 Transmittal of Formal Drawings and sheets of formal drawings.
 No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA RATE	ADDIT. FEE OR RATE	ADDIT. FEE
TOTAL	40	MINUS 40	= 0	x \$0	OR x 50 \$0
INDEP CLAIMS	5	MINUS 5	= 0	x \$0	OR x 200 \$0
<u>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>					
			+ \$0	OR + 360 \$0	
			TOTAL \$0	OR TOTAL \$-0-	

Please charge Deposit Account No. 50-0585 the amount of \$120 to cover the extension fee and also the amount of \$ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 A credit card authorization in the amount of \$ to cover the extension fee is enclosed.
 A credit card authorization in the amount of \$ to cover the claim fee is enclosed.
 A credit card authorization in the amount of \$ to cover the petition fee is enclosed.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0449. A duplicate of this sheet is enclosed.
 Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 Any patent application processing fees under 37 CFR 1.17, including all required extension of time fees.

Respectfully submitted,

David W. Victor
 Registration No. 39,867
 KONRAD RAYNES & VICTOR, LLP
 315 S. Beverly Drive, Suite 210
 Beverly Hills, CA 90212
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Dated: November 7, 2005

CERTIFICATE UNDER 37 CFR 1.8:
 I hereby certify that this correspondence is being transmitted by facsimile to Benjamin E. Lanier
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David W. Victor

11/7/05
Date

NOV 07 2005

PATENT
TU999029
0018.0056

FORM PTO-1083

In re Application of:
D.M. Shackelford
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TOTAL	40	MINUS	40	= 0	x \$0	OR x 50 \$0
INDEP CLAIMS	5	MINUS	5	= 0	x \$0	OR x 200 \$0
<u>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>				+ \$0	OR + 360 \$	
				TOTAL \$0	OR TOTAL \$ -0-	

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